

FULL FACILITY PROFILE

MILFORD VALLEY HHA
451 N MAIN P O BOX 640
MILFORD UT 84751
STATE'S REGION CODE: 001

PROVIDER #: 467037
PHONE NUMBER: (435) 387-2746
PARTICIPATION DATE: 07/05/1985

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: HOSPITAL BASED PROGRAM
TYPE OWNERSHIP: GOVERNMENT - COMB. GOVT & VO

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION
CERTIFIED HOSPICE PROVIDER NO: NONE
NUMBER OF SUBUNITS: NONE
PARENT AGENCY PROVIDER NO: NONE
NUMBER OF BRANCHES: NONE

SERVICES OFFERED	STAFFING
NURSING	
REGISTERED NURSE	1.13
LICENSED PRACTICAL NURSE	.01
PHYSICAL THERAPY	.00
OCCUPATIONAL THERAPY	.00
SPEECH THERAPY	.00
MEDICAL SOCIAL WORKER	.00
HOME HEALTH AIDE	.28
INTERN/RESIDENT	
NUTRITIONAL GUIDANCE	.00
PHARMACEUTICAL SERVICES	.00
APPLIANCE & EQUIPMENT SERVICE	
VOCATIONAL GUIDANCE	
LABORATORY SERVICES	
OTHER	.94

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE TRAINING/COMPETENC
NUMBER RECORDS REVIEWED WITH HOME VISITS: 2
NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 10
NUMBER OF HOME VISITS WITH NO RECORD REVIEW:
TOTAL RECORDS REVIEWED: 12
TOTAL HOME VISITS: 2

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 01/20/2000
DATE PROVIDER SIGNED POC: 02/09/2000
REVISIT DATES: 03/27/2000

PROGRAM REQUIREMENTS

LEVEL OF TAG	REQUIREMENT	PLAN/DATE	STATUS OF	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
REQT	#	OF CORRECTION	DEFICIENCY	STATE		REGION		NATION	
				#	%	#	%	#	%

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

SURVEY DATES FROM: 01/20/2000

PROGRAM REQUIREMENTS

DATE PROVIDER SIGNED POC: 02/09/2000

REVISIT DATES: 03/27/2000

LEVEL OF REQT	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
					STATE		REGION		NATION	
					#	%	#	%	#	%
STD	G0161	ORDERS FOR THERAPY SERVICES INCLUDE PROCEDURES,	02/07/2000	DEFICIENCY CORRECTED	1	2.3	12	3.4	288	4.1

TYPE OF DEFICIENCY -----	TOTAL THIS FACILITY -----	AVERAGE NUMBER OF DEFICIENCIES PER FACILITY		
		STATE ----	REGION -----	NATION -----
CONDITION/LEVEL A	0	0.00	0.05	00.17
STANDARD/LEVEL B	1	1.07	1.66	03.24
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0.00	0.05	00.17
HEALTH TOTAL	1	1.07	1.72	03.42

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

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